

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT # 00054925		<b>2</b> PAGE # 1 of 5						
<b>3</b> CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Albert	MI	<b>OFFICE USE ONLY</b>				
	NICKNAME	LAST Hollan	SUFFIX Jr.					
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		Date Received			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			Date Hand-delivered or Date Postmarked			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			Receipt #			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report		Amount				
<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Legal	Totals
			01/02/2006	THROUGH		01/15/2006		
<b>6</b> EXPLANATION OF CORRECTION								
<p>\n When preparing my July 15 2006 report I realized that Line 5 on the Cover Sheet must be entered by hand rather than computed by the program. After entering the Cash on Hand on Line 5 I then went back to check on my January filing.\n \n Upon reviewing my January 2006 filing I see that Line 5 should have been entered by hand in the amount of \$500. I now make that entry with this corrected report.\n \n There was no intent to mislead as that same \$500 is reported as a received Contribution in the January 2006 report. The only error is that the amount did not show up on the Cover Sheet because it must be entered by hand.\n \n I ask that the Commission waive any fine for this error. It was inadvertent I was relying on the computer program to carry that number to the proper field and there is no harm to anyone as that contribution was reported in the report.\n \n Albert Hollan\n</p>								
<b>7</b> AFFIDAVIT								
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.								
Check ONLY if applicable:								
<input checked="" type="checkbox"/>				I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.				
				Albert Hollan _____ Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.								
Signature of officer administering oath			Printed name of officer administering oath			Title of officer administering oath		

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

<b>The JC/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers) 00054925	<b>2 PAGE #</b> 2 of 5
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST    MI Mr.    Albert	<b>OFFICE USE ONLY</b>	
	NICKNAME    LAST    SUFFIX ..... Hollan    Jr.		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 114 Bluebonnet Sugar Land, TX 77478		Date Received
			Date Hand-delivered or Date Postmarked
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST    MI Mr.    Albert		Receipt #                      Amount
	NICKNAME    LAST    SUFFIX ..... Hollan    Jr.		Date Processed  Date Imaged
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 114 Bluebonnet Sugar Land, TX 77478		
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION		
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>9 PERIOD COVERED</b>	Month      Day      Year    THROUGH    Month      Day      Year 01/02/2006    01/15/2006		
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 03/07/2006	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)	<b>12 OFFICE SOUGHT (if known)</b> District Judge District 268	
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	. . . Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. . .		
	Name		
	Address/PO Box;      Apt. / Suite #;      City;      State;      Zip Code		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

**14 C/OH NAME** Hollan, Albert Jr. (Mr.)

**15 ACCOUNT #** (Ethics Commission filers)  
00054925

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$** 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$** 500.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$** 0.00

4. **TOTAL POLITICAL EXPENDITURES** **\$** 1,500.00

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 500.00

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$** 0.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Albert Hollan

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)****SCHEDULE A (J)**

<b>The I NSTRUCTION G U I D E explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 1/1 Report: 4/5
<b>2 FILER NAME</b> Hollan, Albert Jr. (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00054925
<b>4 Date</b>  01/13/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Bankston, Don (Mr.)  <b>6 Contributor address; City; State; Zip Code</b>  Richmond, TX 77469	<b>7 Amount of contribution (\$)</b>  \$500.00  <b>8 In-kind contribution description (if applicable)</b>    <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>
<b>9 Contributor's principal occupation</b> Attorney		<b>10 Contributor's job title</b> owner
<b>11 Contributor's employer / law firm</b> Don Bankston		<b>12 Law firm of contributor's spouse (if any)</b> not applicable
<b>13 If contributor is a child, law firm of parent(s) (if any)</b> not applicable not applicable		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 5/5

**2** FILER NAME Hollan, Albert Jr. (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00054925

<b>4</b> Date  01/02/2006	<b>5</b> Payee name Fort Bend County Democratic Party	<b>8</b> Amount (\$)  \$1,500.00
	<b>6</b> Payee address; City; State; Zip Code P.O. Box 2189 Missouri City, TX 77459	
<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Filing Fee  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended